

Utah Department of Health, Bureau of Child Care Licensing
CHILD CARE LICENSOR / INSPECTION EVALUATION

Facility Name: _____

Facility Type: ☐ Family/Family Group ☐ Residential Certificate ☐ Center ☐ Hourly Center

Purpose: ☐ Inspection ☐ Follow-up ☐ Complaint ☐ Other, please specify: _____

Date of Visit: ____/____/____

Licensors(s) Name(s): _____

In order to assess the quality of our Licensors and inspection process, the Bureau of Child Care Licensing has provided this evaluation as a way for you to give feedback on the inspection process. Please use the scale below to rate items 1 through 5. If you select a 1 or 2 rating, please give us information about why in the Comments section at the bottom.

1 Strongly Disagree	2 Somewhat Disagree	3 Neutral / Neither Agree nor Disagree	4 Somewhat Agree	5 Strongly Agree
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|---|---|---|---|---|---|
| 1. The Licensor was courteous and professional. | 1 | 2 | 3 | 4 | 5 |
| 2. The Licensor clearly explained any findings of rule violations. | 1 | 2 | 3 | 4 | 5 |
| 3. I was given adequate opportunity to give input into, and question, any findings of rule violations. The Licensor listened to my input. | 1 | 2 | 3 | 4 | 5 |
| 4. If differences of opinion arose during the visit, they were either resolved during the visit, or I was given information prior to the Licensor's departure about how I could appeal the areas of disagreement. | 1 | 2 | 3 | 4 | 5 |
| 5. The Licensor answered my questions in a satisfactory manner, and provided useful technical assistance. | 1 | 2 | 3 | 4 | 5 |

Comments: _____

Please use the back of this page if additional space for comments is needed. Please return the evaluation in the attached envelope to:

Joan Isom, Bureau of Child Care Licensing
142003
PO Box 31431
Salt Lake City, Utah 84131-9988